

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034796

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 199

FILED AUG 26 1963

| | | | |
|--|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY SCOTT | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON | | Length of stay in lb 30 Min. | c. CITY OR TOWN EAST PRAIRIE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSP. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) NORTH MARTIN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last LESLIE COLUMBUS WATSON | | | 4. DATE OF DEATH Month Day Year 8-6-63 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-17-1894 |
| 9. AGE (last birthday) 68 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | | 11. BIRTHPLACE (City and state or country) Morley, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13. NAME OF HUSBAND OR WIFE Earline Watson | |
| 13a. FATHER'S NAME William E. Watson | | 13b. MOTHER'S MAIDEN NAME Ella Josephine Ward | |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) | | 15. SOCIAL SECURITY NO. Earline Watson, East Prairie, Mo. | |
| 16. INFORMATION Address | | 17. NAME OF HUSBAND OR WIFE Earline Watson | |
| 18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM PULM. HEART DISEASE C.S. H.A. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULM. FIBROSIS, EMPHYSEMA PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7.12.63 | |
| 20f. CITY, TOWN, OR LOCATION 8-6-63 | | COUNTY STATE | |
| 21. I attended the deceased from 7.12.63 to 8-6-63 and last saw him alive on 8-6-63 Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Carl L. Rapp, M.D. | | 22b. ADDRESS SIKESTON, Mo | |
| 22c. DATE SIGNED 8.7.63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 8-8-1963 | | 23c. NAME OF CEMETERY OR CREMATORY I. O. O. F Cemetery | |
| 23d. LOCATION (City, town, or county) Charleston, Missouri | | 24. FUNERAL DIRECTOR Travis Shelby, East Prairie, Mo. | |
| 25. DATE REC'D BY LOCAL REG. August 12, 1963 | | 26. REGISTRAR'S SIGNATURE Jeanette Wallman | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 1007

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MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND DEPARTMENT OF HEALTH

MISSOURI - STATE

AUG 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Travis Shelby Jr.

Licensed Embalmer No. 49410

P. O. Address East Prairie, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued August 6 - 1963